



Vaccine Order Form

Alaska Department of Health and Social Services

Immunization Program Vaccine Depot
9210 Vanguard Drive - Suite 102A
Anchorage, Alaska 99507

Telephone: (907) 341-2202 FAX: (907) 341-2228

- . Please order your vaccine supplies **MONTHLY**. Smaller orders allow us to improve our inventory control and reduce vaccine waste.
- . The *Vaccine Usage Report*, *Vaccine Return Form* and COPIES of current temperature logs from main vaccine storage units must be submitted with every Vaccine Order Form.
- . Please allow **three (3) weeks** for delivery.

Please use the same Facility Name
each time you place an order.

Facility Name (required):

Address (required):

Telephone (required):

FAX:

Person Completing Form (required):

E-mail Address:

Note: Anchorage-vicinity providers will be notified
when their orders are ready for pick up.

Date: ____/____/____

Vaccine / Screening Product	Current Vaccine Inventory*	Doses Ordered	Total Vaccine Usage, by antigen (from "Total" column on Usage Report)	Vaccine Returned, by antigen (from Vaccine Returned Rpt)
DT (Pediatric)				
DTaP				
DTaP / Hep B/ IPV (combination)				
Hepatitis A (Pediatric)				
Hepatitis B (Pediatric)				
Hib				
Influenza		Separate form used for influenza orders		
Influenza (preservative free - Pediatric)				
IPV				
Meningococcal Conjugate (MCV4)				
MMR & diluent				
Pneumococcal Conjugate (PCV7)				
Pneumococcal Polysaccharide (PPV23)				
PPD				
Td (Adult)				
Tdap (Adult)				
Varicella & diluent (shipped directly from mfr)				
Other:				

* Inventory required for ALL vaccines (not just those being ordered today)